

recognized if the physicians involved had not been recently sensitized to the diagnosis. As illustrated by the last two cases, this is a particularly difficult problem when persons return to urban environs following wilderness exposure.

We believe that these cases reinforce our contention that borelliosis is underdiagnosed, and we are grateful to the physicians who provided the clinical information for this report. Articles describing this type of problem can be of great use to practicing physicians.

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REFERENCE

1. Fihn SD, Larson EB: Relapsing fever in the Pacific Northwest: An under-diagnosed illness? *West J Med* 133:203-209, 1980

Coronary Bypass Operations

TO THE EDITOR: I would like to express my thanks for the most comprehensive and well-written article by Miller and Ivey on selection of patients for coronary artery bypass operations (September 1980). Every physician should read this review. The authors should receive special recognition for their clarity of writing.

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Problems Associated With Megadose Vitamin C Therapy

TO THE EDITOR: I enjoyed reading Dr. Richard W. Vilter's article in the December 1980 issue: "Nutritional Aspects of Ascorbic Acid: Uses and Abuses." His scholarly account of the biochemistry of ascorbic acid deficiency is excellent. In the article he also pointed out that megadose therapy with ascorbic acid may not be innocuous and gave a comprehensive account of the possible side effects of this form of therapy. Unfortunately, many of our patients still subscribe to the theory "a little is good, a lot must be better."

I would like to add to Dr. Vilter's long list of problems associated with megadose vitamin C therapy. With increasing frequency in the past few years, we have encountered in our general medical clinic two new clinical syndromes associated with vitamin C therapy.

The first syndrome is that of intermittent watery diarrhea unassociated with systemic symptoms. This has often prompted unnecessary sigmoidos-

copy, barium enema and examination of stool specimens for ova and parasites. In several of these patients spastic colon has been erroneously diagnosed. The physiologic explanation is that large doses of ascorbic acid act as a direct acidic irritant to intestinal mucosa, resulting in increased peristalsis and thus the phenomenon of rapid bowel transit.

The second syndrome consists of urethritis symptoms, quite reminiscent of those of non-specific urethritis, with dysuria and even clear watery discharge. The dysuria is primarily limited to the distal urethra. Extensive and expensive studies for venereal infection give negative results. Apparently, there must be occasional urethral irritation caused by the low pH of the urine resulting from ingestion of several grams of vitamin C.

Both of the above clinical syndromes usually resolve within 24 to 48 hours after cessation of megadose vitamin C therapy. These two syndromes occur with sufficient frequency that I think it is worthwhile to keep in mind whenever we see patients with the complaints of diarrhea or urethral irritation. The cure may be as simple as stopping megadose vitamin C therapy and our patients may be spared unnecessary emotional turmoil.

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Health Care Rules and Regulations

TO THE EDITOR: The editorial "Deregulation and Governance in Health Care" in the January 1981 issue by intimating a "whiff of deregulation in the air" regarding the direction the new President may take toward the health care delivery system may foster a euphoria among physicians that is premature and probably not warranted. The actual direction taken by the administration (under the guise of deregulation and promotion of competition) may be a major problem for private fee-for-service practitioners in the next several years.

The Health Policy Advisory Group to President-elect Ronald Reagan recommended support of the procompetitive strategy of dealing with the problem of health care costs.¹ The foremost proponent of the competition strategy, Professor Alain S. Enthoven, advocates as part of the competition model placing physicians in "competing economic units"² (read HMO's), thus ending fee-for-service practice for most physicians. "Premi-